

INSTRUCTIONS

FOR COMPLETING THE DISCRIMINATION COMPLAINT FORM (DH 10)

The determination of jurisdiction to investigate the allegations of discrimination made in your complaint will depend on how completely you describe the situation. The Discrimination Complaint Form asks for specific information to help the EO Section make that determination.

In the first section, complete your personal information and provide us with information on how we may contact you, if needed.

In the next section, the form asks for specific information about what and where the alleged discrimination occurred. You should indicate the DOH office or program facility and provide the address. This also asks for the name of the person or persons who were involved in the discriminatory actions.

Under Basis for Discrimination, check the one or more types of discrimination that occurred, and describe each separately. For Race, National Origin, Disability, Religion, and Age, provide specifics: what is your race, national origin, ethnicity, or ancestry; what is the disability; and what is your age at the time the discrimination occurred.

It is very important that you provide the date the most recent act of discrimination took place, even if it has been continuing off and on over a period of time

In the body of the form, you should provide the answers to the three sections. If necessary, you may continue the information on an additional sheet.

I. Personal Harm: Indicate the adverse action or actions that were taken against you and how the action(s) affected you. For example, if you repeatedly applied for employment in a specific position, but were not hired although you were qualified, describe the dates, positions applied for, and date you were informed someone else had been hired for each position. If you were sexually harassed, you should describe the exact nature of the harassment including who was involved and what action or actions you took.

II. Reason for Adverse Action: Describe how the adverse action taken against you was explained to you or justified, or how your complaint was handled if you reported it to a supervisor or manager. You should also explain who, if anyone, told you or who you asked about the reason for the action, and what that person's job title is. If more than one person, list all of them as best you recall.

III. Discrimination Statement: Complete the statement and provide as many specific and factual details as you can. For example, if you state that you have been wrongfully disciplined, and were caused anxiety and stress so you cannot perform your job, you would want to provide doctor's statements that you are under their care and for how long. If there were witnesses who can add information regarding the personal harm and adverse action or actions taken against you, please provide their names, a way to contact them, and describe how they can assist in the investigation (they were present, they have also been treated this way, etc.). Did you inform anyone with the local office or Human Resources before filing this complaint, and if so, what occurred? If you are a client or applicant for services, describe what and when the discriminatory action occurred and how that action affected your receiving or being eligible for services.